

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5212

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1907

27 CE OF DEATH 14 AND 74 AL RESIDENCE 6435	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 24 yrs. IN ARIZONA 24 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
	C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
DECEDENT PERSONAL DATA 171 7 954	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Hilton Rest Home				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Hilton Rest Home	
	3. NAME OF DECEASED (TYPE OR PRINT) David		A. (FIRST) B. (MIDDLE) C. (LAST) MELTON		4. SEX Male	5. COLOR OR RACE White
CAUSE OF DEATH (ITEM 18)	6B. NAME OF SPOUSE -		7. DATE OF BIRTH MONTH DAY YEAR Dec 9 1882		8. AGE (IN YEARS LAST BIRTHDAY) 71	
	9B. KIND OF BUSINESS OR INDUSTRY Construction		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
OPERATIONS AUTOPSY	14A. FATHER'S NAME Joseph MELTON		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown		15A. MOTHER'S MAIDEN NAME Ruth HANKS	
	16. INFORMANT'S SIGNATURE Maricopa County Hospital Records				17. DATE OF DEATH (MONTH) (DAY) (YEAR) September 13, 1954	
MEDICAL CERTIFICATION	18. CAUSE OF DEATH ENTER ON ONE CAUSE PER LINE (A), (B), (C). 491X THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Bronchopneumonia DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DEATH DUE TO EXTERNAL VIOLENCE	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-31-54 to Sept. 13, 1954, THAT I LAST SAW THE DECEASED ALIVE ON Sept. 11, 1954, AND THAT DEATH OCCURRED AT 12:30 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE Ole Stevenson M.D.		22B. ADDRESS 7 W. McDowell Rd. Phoenix, Arizona		22C. DATE SIGNED 9/13/54	
CORONER'S CERTIFICATION	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
FUNERAL DIRECTOR AND REGISTRAR	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Sept. 16, 1954		25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		26A. DATE REC. BY LOCAL REG. 9/15/54		26B. REGISTRAR'S SIGNATURE		26C. FUNERAL DIRECTOR'S SIGNATURE
26D. ADDRESS 334 WEST MONROE PHOENIX, ARIZONA		26E. REGISTRAR'S SIGNATURE		26F. FUNERAL DIRECTOR'S SIGNATURE		26G. ADDRESS 334 WEST MONROE PHOENIX, ARIZONA